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| ** Application or Docket Number 98988 Effective October 1, 2000 Application or Docket Number 98988 TUC 9200 0067 | | | | | | | | | | | | 2 | |
|---|--|--|-------------------------|--------------------------------|---------------------|------------------|-------|--------------------|------------------------|--------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I | | | | | | | | SMALL ENTITY | | | OTHER THAN | | |
| ΓŦ | STAL OLAMAC | | (Column | 1) | (Colu | (Column 2) | | TYPE | | OR | SMALL | ENTITY | |
| TOTAL CLAIMS | | | /8 | | | | | RATE | FEE | | RATE. | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | l | BASIC FEE 355.00 | | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | /§minus 20= | | .6- | | ı | X\$ 9= | | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | 3 minus 3 = | | 6 | | I | X40= | | OR | X80= | | |
| ML | JLTIPLE DEPEN | DENT CLAIM PI | RESENT | | | | +135= | | | OR | +270= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | . L | TOTAL | | OR | TOTAL | 7/10 | | |
| 1// / CLAIMS AS AMENDED - PART II | | | | | | | | | | | OTHER | | |
| _ | 11109 | (Column 1) CLAIMS | ****** | (Colur | | | | SMALL | | OR | SMALL | ENTITY | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUMI PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | · // | Minus | 18 | · | = | ı | X\$ 9= | | OR | X\$18= | | |
| | Ind pendent | nd pendent • • • Minus • • • • • • • • • • • • • • • • • • | | ••• 0 | 01 4144 | | ſ | X40= | | OR | X80= | | |
| | THOI PHESE | NIATION OF MI | OLTIPLE DEPENDENT CLAIM | | | | | +135= | | OR | +270= | | |
| | | | | | | | L | TOTAL DDIT. FEE | | OR | TOTAL ADDIT, FEE | | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | DD11.162 | - | | 10011.1 EC | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • | Minus | ** | | 2 | | X\$ 9= | | OR | X\$18= | | |
| | Independent | • | Minus | *** | | <u> -</u> | ľ | X40= | | OR | X80= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +135= | | OR | +270= | | |
| | | • | | | | | L | TOTAL DDIT. FEE | | | TOTAL ADDIT, FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | JUII. FEE I | | • . | NUUII. FEE | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | EST BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • | Minus | ** | | = | Γ | X\$ 9= | | OR | X\$18= | | |
| | Independent | | Minus | *** | | - | | X40= | - | OR | X80= | | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | | +270= | | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | OR | TOTAL | | |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |
| | The "Highest Num | ber Previously Pai | d For (Total o | Independe | ent) is the | highest number | foun | nd in the app | propriate box | in cot | umn 1. | • | |

FORM PTO-875 (Rev. 8/00)

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